## RECEIVED CITY OF BEVERLY HILLS

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

#### STATEMENT OF ECONOMIC INTERESTS

2011 MAR 30 P 4: 06
CITY CLERK'S OFFICE

A PUBLIC DOCUMENT	, COVER PAGE	CITY CLERK'S OFFI
Please type or print in ink. Orig. to FPPC	indexed 3/30/11 bp	
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
BRZN	luscopy	LARRON
1. Office, Agency, or Court		
Agency Name		
Division, Board, Department, District, if applicable	uncil Member	
Division, board, Department, District, ii applicable	Tour Position	_ R A
► If fiting for multiple positions, list below or on an attachment.		
•		R CHA
Agency:	Position:	<u>ව විධි</u> ස
2. Jurisdiction of Office (Check at least one box)	<b>—</b>	F 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
☐ State	☐ Judge (Statewide Jurisdiction)	ED TICAL VIMIS: 4 2: 3
Develop Bevelop Hills	•	<u> </u>
Dity of Beverly Hills	Other	
2010.  Assuming Office: Date	leaving office.  O The period covered is/ of leaving office.  ought, if different than Part 1:	
4. Schedule Summary		
Check applicable schedules or "None."	► Total number of pages including this cov	er page:
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Busines	
Schedule A-2 - Investments – schedule attached  Schedule B - Real Property – schedule attached	Schedule D - Income - Gifts - schedule  Schedule E - Income - Gifts - Travel P	
-or-		dynicina contadula ditadiica
I have used all reasonable diligence in preparing this statement. I herein and in any attached schedules is true and complete. I acknowled		
I certify under penalty of perjury under the laws of the State of	f California that the	
3-3-2011	81	
Date Signed	Signature	

## SCHEDULE A-1 Investments

#### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
William Brien

	, <u>januaria de la composición del composición de la composición de</u>
> NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
abbott labs	cisco systems
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
pharmaceutical	technology
FAIR MARKET VALUE	FAIR MARKET VALUE
	× \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT    X   Stock   Other
(Describe)	(Describe) Partnership O Income Received of \$0 - \$499
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
> NAME OF BUSINESS ENTITY	> NAME OF BUSINESS ENTITY
amerisource bergen	general electric
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
pharmaceutical	manufacturing
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	\$2,000 - \$10,000   <b>X</b>   \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	Stock Other
(Describe) Partnership O Income Received of \$0 - \$499	(Describe)   Partnership   Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
> NAME OF BUSINESS ENTITY	> NAME OF BUSINESS ENTITY
bristol myers	medco
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
pharmaceutical	pharmaceutical
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000	X \$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock  Other	Stock Other
(Describe) Partnership O Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

#### **SCHEDULE A-1** Investments

#### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
William Brien	

➤ NAME OF BUSINESS ENTITY	> NAME OF BUSINESS ENTITY
intel	royal dutch
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
chip manufacturer	petrolium
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000	
S100,001 - \$1,000,000 Dver \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT  Stock Other
(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe)  Partnership O Income Received of \$0 - \$499  Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
> NAME OF BUSINESS ENTITY	> NAME OF BUSINESS ENTITY
johnson & johnson	schlumberger
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
pharmaceutical	petroleum
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 S10,001 - \$100,000	S2,000 - \$10,000 X \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT
(Describe)	X Stock Other (Describe)
Partnership Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
> NAME OF BUSINESS ENTITY	> NAME OF BUSINESS ENTITY
merck	zimmer
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
pharmaceutical	medical devices
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \times \$10,001 - \$100,000	▼ \$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock	⊠ Stock
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NOWOILED DISPOSED	ACQUIRED DISPOSED
Comments:	

# SCHEDULE A-1 Investments

#### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name	
William Brier	1

> NAME OF BUSINESS ENTITY	> NAME OF BUSINESS ENTITY
ING mutual fund	allergan
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
real estate	pharmaceutical
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000	☐ \$2,000 - \$10,000 X \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT  Stock Other
(Describe) Partnership O Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
> NAME OF BUSINESS ENTITY	> NAME OF BUSINESS ENTITY
glaxo smith kline	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
pharmaceutical	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 <b>-</b> \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  X Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership O Income Received of \$0 - \$499	(Describe)  Partnership O Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
> NAME OF BUSINESS ENTITY	> NAME OF BUSINESS ENTITY
beckman coulter	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
medical devices	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000   X \$10,001 - \$100,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	11
Commente:	

#### **SCHEDULE A-2**

#### Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
William Brien	

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
william w brien md inc	
Name 444 s. san vicente blvd #603 los angeles, california 90048	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one  Trust, go to 2  Business Entity, complete the box, then go to
GENERAL DESCRIPTION OF BUSINESS ACTIVITY medical practice	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000 \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INVESTMENT  Sole Proprietorship Partnership Other  YOUR BUSINESS POSITION President	NATURE OF INVESTMENT Sole Proprietorship Partnership Other YOUR BUSINESS POSITION
> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)  \$0 - \$499  \$10,001 - \$100,000	A ► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)  \$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 X OVER \$100,000 \$1,001 - \$10,000	\$500 - \$1,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)	► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE
BUSINESS ENTITY OR TRUST	BUSINESS ENTITY OR TRUST
Check one box:  INVESTMENT REAL PROPERTY	Check one box:      INVESTMENT   REAL PROPERTY
Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
\$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	LeaseholdOther
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2010/2011) Sch. A

### SCHEDULE C Income, Loans, & Business **Positions** (Other than Gifts and Travel Payments)

CALIFORNIA FORM	<b>700</b>
Name	
William Brie	n

NAME OF SOURCE OF INCOME	
and an aim air and in all and	NAME OF SOURCE OF INCOME
cedars-sinai medical center	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
8700 beverly blvd, los angeles, ca 90048	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
vice chairman surgery	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$1,000 - \$1,000 ☐ \$10,000 ☐ \$10,000 ☐ \$10,000	\$1,001 - \$10,000 \$1,000 S10,000 OVER \$100,000
☐ \$10,001 - \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
X Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of	Sale of
(Property, car, boat, etc.)	(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Continues of the Market Microfiles, not each source of the property of more	Containing of the property of the control of the cont
Other	Other
Other (Describe)	(Describe)
> 2. LOAN RECEIVED	
	I lending institutions, or any indebtedness created as part
	e in the lender's regular course of business on terms
not in a landar's regular course of business must be	your official status. Personal loans and loans received
not in a lender's regular course of business must be	disclosed as follows:
not in a lender's regular course of business must be	
	disclosed as follows:
	disclosed as follows:  INTEREST RATE  TERM (Months/Years)
NAME OF LENDER*	disclosed as follows:  INTEREST RATE  TERM (Months/Years)  None  SECURITY FOR LOAN
NAME OF LENDER*	disclosed as follows:  INTEREST RATE  TERM (Months/Years)  None
NAME OF LENDER*  ADDRESS (Business Address Acceptable)	disclosed as follows:  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————
NAME OF LENDER*  ADDRESS (Business Address Acceptable)	disclosed as follows:  INTEREST RATE  TERM (Months/Years)  None  SECURITY FOR LOAN
NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	disclosed as follows:  INTEREST RATE TERM (Months/Years)
NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	disclosed as follows:  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————
NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	disclosed as follows:  INTEREST RATE TERM (Months/Years)
NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	disclosed as follows:  INTEREST RATE TERM (Months/Years)
NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	disclosed as follows:  INTEREST RATE TERM (Months/Years)
NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	disclosed as follows:  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————
NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	disclosed as follows:  INTEREST RATE TERM (Months/Years)
NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	disclosed as follows:  INTEREST RATE TERM (Months/Years)
NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	disclosed as follows:  INTEREST RATE TERM (Months/Years)

## SCHEDULE D Income - Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

William Brien

SO210 taste of beverly hills event  ADDRESS (Business Address Acceptable) beverly hills, ca 90210  BUSINESS ACTIVITY, IF ANY, OF SOURCE city sponsored event DATE (mm/dd/yr) VALUE DESCRIPTION OF GIFT(S)  09/02/2010 \$ 350 recption/dinner   NAME OF SOURCE JT Brands ADDRESS (Business Address Acceptable) 110 Pine Ave. #222, Long Beach, CA 90802 BUSINESS ACTIVITY, IF ANY, OF SOURCE  Raicage of Beyart Hills Parture DATE (mm/dd/yr) VALUE DESCRIPTION OF GIFT(S)  10 IL 200 \$ (LS Rughth)  NAME OF SOURCE JT Brands ADDRESS (Business Address Acceptable)  ADDRESS (Business Address Acceptable)  ADDRESS (Business Address Acceptable)  NAME OF SOURCE  P.O. Box 26938, Beverity Hills, CA 90209  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Non-Profit Organization supporting Greystone Mansi DATE (mm/dd/yr) VALUE DESCRIPTION OF GIFT(S)  04/11/2010 \$ 100 Ticket to Concours de E  S.  ADDRESS (Business Address Acceptable)  DATE (mm/dd/yr) VALUE DESCRIPTION OF GIFT(S)	► NAME OF SOURCE	▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable) beverly hills, as 90210 BUSINESS ACTIVITY, IF ANY, OF SOURCE city sponsored event DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  09/02/2010 \$ 350 recption/dinner  NAME OF SOURCE JT Brands ADDRESS (Business Address Acceptable) 110 Pine Ave. #222, Long Beach, CA 90802 BUSINESS ACTIVITY, IF ANY, OF SOURCE Rale-stee of Beugla Liftil Particul DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  10 11 20 \$ 115 Grust Paupha  NAME OF SOURCE friends of greystone ADDRESS (Business Address Acceptable) BUSINESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) Business Activity, IF ANY, OF SOURCE I league of california cities DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  O3/04/2010 \$ 25 dinner  NAME OF SOURCE friends of greystone ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) Business Activity, IF ANY, OF SOURCE ADDRESS (Business Address Acceptable) Business Activity, IF ANY, OF SOURCE ADDRESS (Business Address Acceptable) Business Activity, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
beverly hills, ca 90210  BUSINESS ACTIVITY, IF ANY, OF SOURCE city sponsored event OPY/02/2010  \$ 350 recption/dinner  NAME OF SOURCE JT Brands ADDRESS (Business Address Acceptable) 110 Pine Ave. #222, Long Beach, CA 90802  BUSINESS ACTIVITY, IF ANY, OF SOURCE  The Ave are of Beart thill Parture DATE (mmiddly) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE Thill Parture DATE (mmiddly) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE Thill Parture DATE (mmiddly) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE Thill Parture DATE (mmiddly) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE Friends of greystone ADDRESS (Business Address Acceptable) P.O. Box 26938, Beverly Hills, CA 90209  BUSINESS ACTIVITY, IF ANY, OF SOURCE Non-Profit Organization supporting Greystone Mansi DATE (mmiddly) VALUE DESCRIPTION OF GIFT(S)		]
League of california cities	·	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  09/02/2010 \$ 350 recption/dinner  \$ 01/19/2010 \$ 25 dinner  10/07/2010 \$ 25 dinner  10/07/2010 \$ 25 dinner  05/06/2010 \$ 25 dinner  10/07/2010 \$ 25 dinn	BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  09/02/2010 \$ 350 recption/dinner  \$ 01/19/2010 \$ 25 dinner  10/07/2010 \$ 25 dinner  10/07/2010 \$ 25 dinner  05/06/2010 \$ 25 dinner  10/07/2010 \$ 25 dinn	city sponsored event	league of california cities
10/07/2010   25 dinner		
NAME OF SOURCE  JT Brands  ADDRESS (Business Activess Acceptable) 110 Pine Ave. #222, Long Beach, CA 90802  BUSINESS ACTIVITY, IF ANY, OF SOURCE  ADTE (mm/dd/yy) VALUE  DESCRIPTION OF GIFT(S)  NAME OF SOURCE  friends of greystone  ADDRESS (Business Address Acceptable)  P.O. Box 26938, Beverly Hills, CA 90209  BUSINESS ACTIVITY, IF ANY, OF SOURCE  ADDRESS (Business Address Acceptable)  P.O. Box 26938, Beverly Hills, CA 90209  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Non-Profit Organization supporting Greystone Mansi  DATE (mm/dd/yy) VALUE  DESCRIPTION OF GIFT(S)	09/02/2010 s 350 recption/dinner	01/19/2010 <sub>\$</sub> 25 dinner
NAME OF SOURCE  JT Brands  ADDRESS (Business Activess Acceptable)  110 Pine Ave. #222, Long Beach, CA 90802  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Release of Beugle Hills Parture  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  10 12 2010 \$ (15 General Release)  NAME OF SOURCE  friends of greystone  ADDRESS (Business Address Acceptable)  P.O. Box 26938, Beverly Hills, CA 90209  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Non-Profit Organization supporting Greystone Mansi  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  04/11/2010 \$ 100 Ticket to Concours de E  S		10/07/2010 <sub>\$</sub> 25 dinner
ADDRESS (Business Address Acceptable) 110 Pine Ave. #222, Long Beach, CA 90802  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Release Beast Hills Partume  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  ID IL 2010 & LIS Gruet Reughn  ADDRESS (Business Address Acceptable)  NAME OF SOURCE  Friends of greystone  ADDRESS (Business Address Acceptable)  P.O. Box 26938, Beverly Hills, CA 90209  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Non-Profit Organization supporting Greystone Mansi  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  04/11/2010 \$ 100 Ticket to Concours de E  s	\$	
ADDRESS (Business Address Acceptable)  110 Pine Ave. #222, Long Beach, CA 90802  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Release of Beugh Hills Partume  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  ID 12 2010 s (I.S. Grust Reughn	► NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)  110 Pine Ave. #222, Long Beach, CA 90802  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Raleage of Beugh Hills Partume  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  ID 12 2010 s (I.S. Grust Reughn	JT Brands	city of beverly hills
League of California cities	, ,	11
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)    D   L 20/0 s (15   Reception   25   dinner   25		BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)    D   L 20/0 s (15	Release of Beyork Hills Partume	league of california cities
NAME OF SOURCE friends of greystone  ADDRESS (Business Address Acceptable) P.O. Box 26938, Beverly Hills, CA 90209  BUSINESS ACTIVITY, IF ANY, OF SOURCE Non-Profit Organization supporting Greystone Mansi  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  04/11/2010 \$ 100 Ticket to Concours de E  \$ \$ \$ \$ \$	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
NAME OF SOURCE friends of greystone  ADDRESS (Business Address Acceptable) P.O. Box 26938, Beverly Hills, CA 90209  BUSINESS ACTIVITY, IF ANY, OF SOURCE Non-Profit Organization supporting Greystone Mansi  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  04/11/2010 \$ 100 Ticket to Concours de E  \$ \$ \$ \$ \$	10 12 2010 ; 115 Reuptin	03/04/2010 <u>25</u> dinner
friends of greystone  ADDRESS (Business Address Acceptable) P.O. Box 26938, Beverly Hills, CA 90209  BUSINESS ACTIVITY, IF ANY, OF SOURCE Non-Profit Organization supporting Greystone Mansi  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  04/11/2010 \$ 100 Ticket to Concours de E \$	10 12 2015 \$ 115 Gust Remetion	_
friends of greystone  ADDRESS (Business Address Acceptable) P.O. Box 26938, Beverly Hills, CA 90209  BUSINESS ACTIVITY, IF ANY, OF SOURCE Non-Profit Organization supporting Greystone Mansi  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  04/11/2010 \$ 100 Ticket to Concours de E \$	\$	
P.O. Box 26938, Beverly Hills, CA 90209  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Non-Profit Organization supporting Greystone Mansi  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  04/11/2010 \$ 100 Ticket to Concours de E \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	-	► NAME OF SOURCE
Non-Profit Organization supporting Greystone Mansi  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  04/11/2010		ADDRESS (Business Address Acceptable)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  04/11/2010		11
04/11/2010		_
s	\$	
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Comments:	Comments:	

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
William Brien

- Reminder you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

NAME OF SOURCE	► NAME OF SOURCE
southern california edison	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
54205 Mountain Poplar Road	
CITY AND STATE	CITY AND STATE
big creek , california 93605	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 07/28/2010 - 07/30/2010 AMT: \$ 379	DATE(S): AMT: \$
TYPE OF PAYMENT: (must check one) X Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: california civic leadership group sponsored by SCE and league of california cities	DESCRIPTION:
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): AMT; \$	.DATE(S): AMT: \$
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	